

REQUEST FOR EMPLOYEE RELOCATION

Agency:			Travel Order Number:		
Division:			Agency Contact Name:		
Employee's Name:			Email:		
Job Title:			Phone:		
Type: (check one)	<input type="checkbox"/> New hire employee <input type="checkbox"/> Long-term training		<input type="checkbox"/> Transfer from another federal agency <input type="checkbox"/> Current federal employee (transferring within Agency)		
Relocating From:					
Relocating To:					
Effective Date:					
Immediate Supervisor at New Location:					
Current Home Address:					
Mailing Address (if different):					
Home Phone Number:			Work Phone Number:		
Mobile Number:			Fax Number:		
Email Address:					
Funding Information:	<i>Appropriation:</i>		<i>FY of Appropriation:</i>		
	<i>Cost Center:</i>				
	(Transfer Employees Only)				
	If you have authorized any of the following discretionary items for the traveler, check each in the list below:				
	<input type="checkbox"/> House hunting, per diem and transportation (Domestic Only) - Cash/travel card advance				
	<input type="checkbox"/> Temporary Quarters (TQ)		<input type="checkbox"/> Cash/travel card advance		
	<input type="checkbox"/> Use of multiple POVs				
	<input type="checkbox"/> Shipment of POV, mobile home, or boat				
	<input type="checkbox"/> Relocation services (Home sale assistance - Domestic Only)				
	<input type="checkbox"/> Home marketing incentives (Domestic Only)				
	<input type="checkbox"/> Property management services				
Division or Budget Approval:	<i>Signature of Division/Budget Approving Official</i>				
	<i>Name:</i>		<i>Title:</i>		
Approval:	<i>Signature of Approving Official</i>				
	<i>Name:</i>		<i>Title:</i>		